

CIVIL COMPLAINT FORM TO BE USED BY A PRO SE PRISONER

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

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Full N	Name of Plaintiff Inmate Number	: Civil No. 1:21-CV-04	
	. V.	: (to be filled in by the Clerk's Office)	
	•	:	
Shay	Will County Prisin	: (V) Demand for Jury Trial	
Name of Defendant 1		: () No Jury Trial Demand	
	Hossbr	: :	
	of Defendant 2	SCRANTON	
Name	of Defendant 3	: MAR 1 6 2021	
4	7 Clark	PER DEPUTY CLERY	
Name	of Defendant 4	: SIT OLEAN	
Murga	ct Issnan	:	
Name of Defendant 5		:	
•	the names of all defendants. If the names of all	:	
	dants do not fit in this space, you may attach	:	
additional pages. Do not include addresses in this		:	
section	1).	:	
I.	NATURE OF COMPLAINT		
Indica	te below the federal legal basis for your claim, if	known.	
\checkmark	Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)		
Y	Civil Rights Action under <u>Bivens v. Six Unkno</u> (1971) (federal defendants)	wn Federal Narcotics Agents, 403 U.S. 388	
\checkmark	Negligence Action under the Federal Tort Clair United States	ns Act (FTCA), 28 U.S.C. § 1346, against the	

II.

ADDRESSES AND INFORMATION **PLAINTIFF** A. Name (Last, First, MI) 000 (xn) 1917 B Inmate Number City, County, State, Zip Code Indicate whether you are a prisoner or other confined person as follows: Pretrial detainee Civilly committed detainee Immigration detainee Convicted and sentenced state prisoner Convicted and sentenced federal prisoner В. DEFENDANT(S) Provide the information below for each defendant. Attach additional pages if needed. Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint. Defendant 1: Name (Last, First) Current Job Titlle

City, County, State, Zip Code

Defendant 2:
Report Hussler Iv
Name (Last, First)
Boyers I. G. A witer
Current Job Title
135 South Nice St
Current Work Address
Fracksille (A, 1793)
City, County, State, Zip Code
Defendant 3:
Sherry Clark
Name (Last, First)
Disabilita
Current Job Title
155 S. Wice Street Freskille Pa,
Current Work Address
Facksille for 1793/
City, County, State, Zip Code
Defendant 4:
Name (Last, First) Figure 1: First)
Name (Last, First)
Ficility
Current Job Title
Pacififa
Current Work Address
230 Santerson St Stassille (1790)
City, County, State, Zip Code
Defendant 5:
Margade Cessman
Name (Last, First)
Disability
Current Job Title
Current Job Title 55 South Nice St
Current Work Address
Frakille Pa, 1971
City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

	A.	Describe where and when the events giving rise to your claim(s) arose.
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17	В.	On what date did the events giving rise to your claim(s) occur?
there,	0,45	Bizun av Sept > 2020
	C.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)
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<u>Jessm</u>	an g	I wouch with ground leason and afterney Pobal Smith Esq.
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IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

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V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

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VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

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VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Signature of Plaintiff

Date

MicHAEL Jess MAN 230 Sanderson 8t. Dots wille, PA. 17901

Middle Sites Distincts County of Demograph Average Somewhar, pa. 18501-1148

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